_	the infant's death: (in contact means being the same room with the infant or living in/ staying in/ visiting the infant's primary residence)		' Illiant's last han	Infant's last name First name	
	ease answer the following questions for up to ur persons, who were in contact with the infant	Person 1	Person 2	Person 3	Person 4
	First name of person		000	000	000
b)	Last name of person		000	000	000
c)	Maiden name (if applicable)		000	000	000
	Relationship to infant		000	000	000
٥)	Most recent home address 0000 Street		000	000	000
f)	City		000	000	000
′	State		000	000	000
			000	000	000
	Age (years or months if <2 years)		000	000	1000
'/	occur (e.g. house, daycare, playground)		000	000	000
j)	Date of last contact with the infant	Month Day	Month Day	Month Day	Month Day
k)	Approximate time of last contact with the infant		000	000	000
		Military time Unknown	Military time Unknown	Military time Unknown	Military time Unknown
l)	During the <u>week</u> prior to the infant's death, was this person sick?	No	○○○ No	○○○ No	°°° No
	(if "Yes" explain the circumstances below)	□Yes¬	°°° Yes	°°° Yes 7	°°° Yes —
	000		000	000	000
,					
m)	For those persons who are less than 18 years old, please describe their general health		000	000	000
n)	For persons biologically related to the	Not applicable	Not applicable	Not applicable	Not applicable
,	infant (d above) are there any known	INO	No No	No No	No
	conditions that run in the family?	res 	Yes	Yes	Yes
o)	Has this person experienced the	Unknown	°°° Unknown	000 Unknown	000 Unknown
	death of any of their own children or of any other children while in their care?		○○○ No	OOO No	°°° No
	000	□Yes _	°°° Yes	°°° Yes	°°° Yes
	I) Child's name		000	000	000
	II) Relationship to caregiver		000	000	000
	III) Date of death				Marth Bas Mart
	IV) Child's age at death	Month Day Year	Month Day Year	Month Day Year	Month Day Year
	(years or months if <2 years) V) Cause of death		000	000	000
	v, dade of death				
	VI) Place of death (city, state)		000	000	000
	If more than 4 persons were in contact to	with the infant in th	o 24 hours prior to th	a infant'a daath waa a	dditional page(a)

J-1. CONTACT HISTORY

Section J continues here			Infant's last name		
Did the infant visit a location with larg	ge number of pe	ople in the 24 hours	First name	e	
prior to the death?	prior to the death?				
Yes [∞] No → Skip to question 4 b					
How many people were at that location	on?				
Number of people	4 1	ha daadh0			
Did the infant visit a daycare in the 24	-	ne death?			
<u> </u>	Yes OND No Skip to question 9 below				
Number of adults (18 years or older					
6 Were any of these adults sick?	7 1)				
No N	r JS for that perso	n(s)			
7 How many children were under the ca	·	` '			
Number of children (under 18 yea	•	·			
8 Identify any children in daycare who	were sick and we	ere in contact or clos	e proximity to the inf	fant in the 24 hours	
prior to the death: Please answer the following questions for up to					
four children, who were in contact with the infant	Child 1	Child 2	Child 3	Child 4	
a) First name of child		000	000	000	
b) Last name of child		000	000	000	
c) Age (years or months if <2 years)		000	000		
d) Where did contact with the infant		000	000	000	
occur (e.g. house, daycare, playground) e) Date of last contact with the infant		000	000	000	
f) Approximate time of last contact with	Month Day	Month Day	Month Day	Month Day	
the infant	Military time	Military time	Military time	Military time	
g) During the week prior to the infant's	Unknown	⁰⁰°□Unknown	Unknown	Unknown	
death, was this person sick?	□No	⁰⁰⁰ □No	LINO	No	
(if "Yes" explain the circumstances below)	□Yesフ	⁰⁰⁰ □Yes¬	°°° Yes 7	Yes	
		000	000	000	
		000	000	000	
h) Please describe their general health					
i) Any unusual conditions for	Unknown	⁰⁰⁰ □Unknown	000 Unknown	Unknown	
this child?	□No	⁰⁰⁰ □No	⁰⁰⁰ □No	No No	
(if "Yes" describe the conditions below)	□Yesフ	°°° Yes 7	Yes	°°° Yes 7	
		000	000	000	
If more than 4 children use supplement pages					
Are there any factors, circumstances, or environmental concerns that the caregiver is aware of that the infant					
was exposed? (e.g., mother smoke while breast feeding, exposed to a large number of people at church or a public event, air travel)					
000 No 000 Yes → Describe below:					
Section completed on at	: by				
Where/How				Page 16	

			J1-S. CONTA			
1	man o last no			or to First nam		
	staying in/ visiting the infant's primary residence)					
	ease answer the following questions for up to ur persons, who were in contact with the infant	Person	Person	Person	Person	
a)	First name of person	000	000	000	000	
b)	Last name of person		000	000	000	
c)	Maiden name (if applicable)	000	000	000	000	
d)	Relationship to infant	000	000	000	000	
	Most recent home address	000	000	000	000	
e)	Street		000	000	000	
f)	City	100	000	000	000	
g)	State					
h)	Age (years or months if <2 years)	000	000	000	000	
i)	10 M	000	000	000	000	
	occur (e.g. house, daycare, playground)	000	000 /	000 /	000	
j)	Date of last contact with the infant	Month Day	Month Day	Month Day	Month Day	
k)	Approximate time of last contact with the infant	000	000	000	000	
	the mant	Military time	Military time	Military time	Military time	
l)	During the week prior to the infant's	Unknown	Unknown	Unknown	Unknown	
	death, was this person sick?(if "Yes" explain the circumstances below)	No No	LINO	□ INO	□ INO	
	(Yes 7	Yes	°°° Yes 7	°°° Yes	
			000	000		
m'	For those persons who are less than				000	
111,	18 years old, please describe their					
	general health:					
n)		Not applicable		Not applicable		
	infant (d above) are there any known	INO	No No	No No	No No	
	conditions that run in the family?	⁰⁰ Yes ✓	Yes	°°° Yes	Yes	
o)	Has this person experienced the					
Ο,	death of any of their own children or of	⁰⁰ Unknown	Unknown	OTIKNOWN	Unknown	
	any other children while in their care?		No No	INO	No No	
		°° Yes	⁰⁰⁰ Yes ✓		°°° Yes	
	I) Child's name		000	000	000	
	II) Relationship to caregiver					
	III) Date of death	Month Day Year	Month Day Year	Month Day Year	Month Day Year	
	IV) Child's age at death	000	000 Pay Year	000 Day Year	Month Day Year	
	(years or months if <2 years)		000	000	000	
	V) Cause of death	•				
	VII) Place of death (site state)	000	000	000	000	
	VI) Place of death (city, state)					
Sec	ction completed on at	: by				
	Where/How				Page 15s	

C	Contact history supplemental page				J2-S CONTACT HISTORY Infant's last name	
1	Identify any children in daycare wh proximity to the infant in the 24 hou					
PI fo	ease answer the following questions for up to ur children, who were in contact with the infant	Child	Child	Child	Child	
a)	First name of child	000	000	000	000	
b)	Last name of child	000	000	000	000	
c)	Age (years or months if <2 years)		000	000	000	
d)	Where did contact with the infant occur (e.g. house, daycare, playground)	000	000	000	000	
e)	Date of last contact with the infant	/				
f)	Approximate time of last contact with the infant	Month Day OOO Military time	Month Day Military time	Month Day Military time	Month Day	
۵۱			Unknown		Military time Unknown	
g)) During the <u>week</u> prior to the infant's death, was this person sick? (if "Yes" explain the circumstances below)	000 No	°°°□No °°°□Yes	⁰⁰⁰ □No ⁰⁰⁰ □Yes─	⁰⁰⁰ □No ⁰⁰⁰ □Yes-7	
		000	000	000		
h)	Pease describe their general health:					
i)	Any unusual conditions for this child?	Unknown	000 Unknown No	Unknown No	Unknown No	
	(if "Yes" describe the conditions below)	°°°□Yes¬	°°° ZYes –	°°° Yes 7	°°° Yes 7	
Se	ction completed on at	by				
	Where/How				Page 16s	